

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1 Date of Request: <u>3/23/05</u>		2 Serial/Patent # <u>10/525016</u>																																																													
3 Please refund the following fee(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Filing <u>Fee Change</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">\$ <u>100.00</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Amendment</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Extension of Time</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Notice of Appeal/Appeal</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Petition</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Issue</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Maintenance</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Assignment</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>				\$ <u>100.00</u>	<input type="checkbox"/>	Amendment				\$	<input type="checkbox"/>	Extension of Time				\$	<input type="checkbox"/>	Notice of Appeal/Appeal				\$	<input type="checkbox"/>	Petition				\$	<input type="checkbox"/>	Issue				\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$	<input type="checkbox"/>	Maintenance				\$	<input type="checkbox"/>	Assignment				\$	<input type="checkbox"/>	Other				\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>				\$ <u>100.00</u>																																																										
<input type="checkbox"/>	Amendment				\$																																																										
<input type="checkbox"/>	Extension of Time				\$																																																										
<input type="checkbox"/>	Notice of Appeal/Appeal				\$																																																										
<input type="checkbox"/>	Petition				\$																																																										
<input type="checkbox"/>	Issue				\$																																																										
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$																																																										
<input type="checkbox"/>	Maintenance				\$																																																										
<input type="checkbox"/>	Assignment				\$																																																										
<input type="checkbox"/>	Other				\$																																																										
7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>																																																													
8 TO BE REFUNDED BY: <u>RA</u>																																																															
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>119--4880</u>																																																													
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																																																															
11 REFUND REQUESTED BY:																																																															
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant, Examiner</u>																																																													
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>																																																													
OFFICE: <u>DO/EO</u>																																																															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																															

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: